

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 06-05-09

Address: 485 S FRANKLIN ST

Case #: 22F44458

WATERLOO, IN

County: DEKALB

46793

## **Type of Laboratory Seizure (check one)**

- ☐ Operational Lab  
☒ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location (check all that apply)**

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open - No Structure  
☐ Vehicle ☐ Other:

## **Items Found: Location (bedroom, kitchen, open air, etc)**

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s):  
☐ Red Phosphorous/Iodine Reaction(s):  
☒ Flammable Solvents: BASILMENT  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s):  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered (check one)**

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: DEKALB CO SHERIFF

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: WATERLOO

Fax: 260-837-9024

Health Department: DEKALB

Fax: 260-925-2090

Fax:

Child Protection Service:

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: L. Andrew Smith Phone 260-432-8661

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.